

Cosmetology Inspector:

SUSAN DOTSON  
502-382-8360

Kentucky State Board of  
Hairdressers & Cosmetologists  
111 St. James Court, Ste A  
Frankfort, KY 40601  
(502) 564-4262  
WWW.KBHC.KY.GOV

**KBHC USE ONLY**

License# \_\_\_\_\_

Date Issued/Processed: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Kiosk ☐ \$25.00

Business ☐ \$25.00

Residential ☐ \$25.00

THREADING ESTABLISHMENT

**PRINT THE INFORMATION & WRITE DISTINCTLY IN ALL SPACES OR THE APPLICATION WILL NOT BE APPROVED.**

Applications must be mailed in to the state board and accompanied with the correct fee of \$25.00 in the form of a cashiers check or money order. Establishments can NOT open or offer services until the salon license is processed through KBHC.

Name of Establishment: \_\_\_\_\_ County \_\_\_\_\_  
(Salon name must be 30 or less Characters counting spaces)

Physical Address: \_\_\_\_\_  
(City) (State) (Zip Code)

Mailing address: \_\_\_\_\_  
(City) (State) (Zip Code)

Business Number: (\_\_\_\_\_) - \_\_\_\_\_ Secondary Phone #: (\_\_\_\_\_) - \_\_\_\_\_

Owner(s) Name: \_\_\_\_\_  
(Legal Name; NO Nick names)

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Owners Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Salon Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager(s) Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
*\*Manager must hold a current Threading, Cosmetologist, or Esthetician License in the state of Kentucky\**

Salon Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Legal Name; NO Nick names)

**\*\*Has Owner or Manager been convicted of a felony? YES \_\_\_\_ NO \_\_\_\_ \*\* If yes, you must submit documentation.**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**\*SIGNATURE OF ZONING COMMISSIONER/BUILDING INSPECTOR OR ELECTED OFFICIAL (MAY MANAGER SIGNATURE REQUIRED FOR KIOSK) THE ABOVE SAID PROPERTY MEETS ALL REQUIREMENTS OF LOCAL ZONING REGULATIONS.**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**\*SIGNATURE OF STATE PLUMBING INSPECTOR (NOT REQUIRED FOR KIOSK) THE ABOVE SAID PROPERTY HAS BEEN INSPECTED BY ME AND FOUND TO MEET STATE PLUMBING REQUIREMENTS. (STATE PLUMBING PHONE # 502-573-0397)**

\_\_\_\_\_  
Date: \_\_\_\_\_  
**\* SIGNATURE OF STATE SALON INSPECTOR I HEREBY STATE THE ABOVE SALON HAS BEEN INSPECTED BY ME AND FOUND TO MEET ALL REQUIREMENTS FOR THE ABOVE SALON IN ACCORDANCE WITH THE ADMINISTRATIVE REGULATIONS OF THE KENTUCKY STATE BOARD OF HAIRDRESSERS & COSMETOLOGISTS.**

SEE 201 KAR 12:100 FOR SANITATION STANDARDS

Revised 11/2012